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Patent fees are subject to annual revision.

Complete if Known					
Application Number	10/719,063				
Filing Date	11/24/03				
First Named Inventor	David W. Nelson				
Examiner Name	Kurt C. Rowan				
Group / Art Unit	2643				
Attorney Docket No.	36729-198472				

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1083 2 1084 2 1085 2 2. EXTRA	250			Design App Si	ze Fee			1,590	2254	795	Extension for reply within fourth month
1084 2 1085 2 2. EXTRA Total Claims		2083	12F		20.00		1255	2,160	2255	1080	Extension for reply within fifth month
1085 2  2. EXTRA  Total Claims Independent	250		125	Plant App. Size	e Fee		1401	500	2401	250	Notice of Appeal
2. EXTRA Total Claims Independent	-50	2084	125	Reissue App S	Size Fee		1402	500	2402	250	Filing a brief in support of an appeal
Total Claims	250	2085	125	Prov. App Size	e Fee		1403	1,000	2403	500	Request for oral hearing
Total Claims		SUB	TOTAL (1	1)		(\$)0	1451	1,510	1451	1,510	Petition to institute a public use proceeding
Total Claims	CLAIM	FEES					1452	500	2452	250	Petition to revive – unavoidable
Independent				Extra	Fee from	Fee	1453	1,500	2453	750	Petition to revive – unintentional
Independent				Claims	below	Paid_	1501	1,400	2501	700	Utility issue fee (or reissue)
	· <u>L</u>	2	o** = [	×		] =	1502	800	2502	400	Design issue fee
		.	3** =	<sub>×</sub>		=	1503	1,100	2503	550	Plant issue fee
Ciallis			<u> </u>			<u> </u>	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)
Multiple Dependent				x		=	1806	180	1806	180	Submission of Information Disclosure Stmt
Large	Entity		Entity				8021	40	8021	40	Recording each patent assignment per property (times number of properties)
Fee Code	Fee (\$)	Fee Code 2202		Fee Descri	•		1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1202	50 200	2202	25 100	Claims in ex Independen		avease of 3	1810	790	2810	395	For each additional invention to be
1201 1203	360	2201	180	•		excess of 3 im, if not paid		· • •		-	examined (37 CFR § 1.129(b))
1203	200	2204	100		independen		1801	790	2801	395	Request for Continued Examination (RCE)
1205	50	2205	25		claims in ex	cess of 20 an	Other	ee (specif	ý)		
ı			SUB	TOTAL (2)	(\$)0		*Redu	ced by Ba	sic Filing	g Fee Pa	aid SUBTOTAL (3) (\$)415
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SUBMITTED BY	Complete (if applicable)					
Name (Print/Type)	Andrew C. Aitken	Reg No. Attorney/Agent)	36,729	Telephone	202-344-4000	
Signature	(indulate	Date / 22, 700	<u>هر</u>			

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